

FILED JAN 11 1943

Registration District No. 160

Primary Registration District No. 3030

State File No.

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)
In this community 20 Years

3. (a) PRINT FULL NAME Musa Leona Novell

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John J. Novell 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 13, 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John M. Drake
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Amie Bullard
15. Birthplace Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Alleen Lashley
(b) Address Cuyler City, Mo
17. (a) Burial (b) Date thereof 12/4/42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roselawn Memorial, Festus

18. (a) Signature of funeral director H. H. H. H.
(b) Address Festus, Mo.
19. (a) 12-3-42 (b) H. H. H. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from June 13 1942 to Nov 17 1942
that I last saw him alive on Nov 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Hypertension
Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

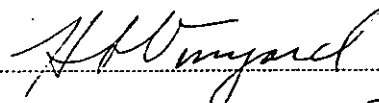
(Specify type of place)
While at work? Yes (b) Means of injury
23. Signature H. H. H. H. (M. D. or other)
Address Festus, Mo Date signed 12-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3010

P. O. Address. Festus mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.